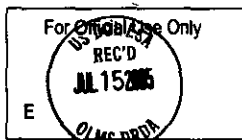


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>3093</u>	2. Fiscal Year Covered From: <u>2</u> / <u>1</u> / <u>2004</u> Through: <u>1</u> / <u>31</u> / <u>2005</u>
3. Name and address of person filing. Name <u>Blair</u> <u>Bess</u> P.O. Box, Bldg., Room No., if any _____ Street <u>23407 Bernick Place</u> City <u>Valencia</u> State <u>CA</u> ZIP Code + 4 <u>91354-2401</u>	4. Name, file number, and address of labor organization. Name <u>AFLRA</u> Labor Organization File Number <u>008-030</u> P.O. Box, Building and Room Number, if any _____ Street <u>265 MADISON AVENUE</u> City <u>NEW YORK</u> State <u>NY</u> ZIP Code + 4 <u>10016</u>
5. Position in labor organization. <u>NATIONAL AND LOCAL (LOS ANGELES) BOARD MEMBER</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed _____

On _____

Date

Telephone Number

Name of Person Filing

Blair Bess

File Number U-

3093

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

International Creative Management (ICM)

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

8942 Wilshire Boulevard

City

Beverly Hills

State

California

ZIP Code + 4

90211

9. Business deals with:

☐

a. Labor Organization

☐

b. Trust

☒

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

SEE 11A

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

ICM is a talent agency that deals with studios, networks, and advertising agencies that employ actors.

11.b. Approximate dollar value of such dealing.

Value of Dealings Unknown

12.a. Nature of interest held or income received.

My agent took me out to dinner three times during the fiscal year for a total value of approximately \$150.00

12.b. Amount.

@ \$150.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

Name of Person Filing

Blair Bess

File Number U-

3893

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name International Creative Management (ICM)

Trade Name, if any:

P.O. Box, Bldg., Room No., If any

Street 8942 Wilshire BoulevardCity Beverly Hills, CAState CaliforniaZIP Code + 4 90211

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☒ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

SEE 11A

Trade Name, if any:

P.O. Box, Bldg., Room No., If any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

ICM is a talent agency that deals with various studios, networks, and advertising agencies that employ actors.

11.b. Approximate dollar value of such dealing.

Value Unknown

12.a. Nature of interest held or income received.

My agent at ICM allowed me use of a portion of his vacation home for 5 days at an approximate value of \$900.

12.b. Amount.

@ \$900.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., If any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant ☐

?

14.b. Amount of payment.